

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2014

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445215	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/03/2014
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1026 MCFARLAND STREET MORRISTOWN, TN 37814		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 038 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to provide delayed egress signage with the lettering on a contrasting background.</p> <p>The findings include:</p> <p>Observation on November 3, 2014 at 1:00 p.m. revealed 10 of 10 delayed egress doors do not have signage with the lettering on a contrasting background. The facility has the signage posted on glass doors with the lettering for the delayed egress signage on a clear adhesive background.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on November 3, 2014. NFPA 101 7.2.1.6.1(d)</p>	K 038	<p>K038 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p><u>CORRECTIVE ACTION:</u> The facility Maintenance Director or designee will replace the current delayed egress signage for all 10 delayed egress doors with delayed egress signage with the lettering on a contrasting background. These signs were ordered by the facility Executive Director on November 4, 2014. Each door signage will be replaced in accordance with NFPA 101, Sec. 7.19.2.1. Completion date 12/12/14.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected.</p> <p><u>SYSTEMIC CHANGES:</u> The Maintenance Director and/or designee will conduct a monthly audit x 3 months to ensure compliance with NFPA 101, Sec 7.19.2.1 requirements for all delayed egress signage.</p>	12/12/14	12/12/14
K 066 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p>	K 066	<p><u>MONITORING:</u> The Maintenance Director and/or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.</p>	12/12/14	12/12/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Robert C. Borden

Senior Executive Director

11-12-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

HERITAGE CENTER, THE

STREET ADDRESS, CITY, STATE, ZIP CODE
1026 MCFARLAND STREET
MORRISTOWN, TN 37814

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K 066	<p>Continued From page 1</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to provide metal containers with self-closing lids in designated smoking areas.</p> <p>The findings include:</p> <p>Observation on November 3, 2014 at 11:35 a.m. revealed the resident smoking area in the courtyard is not provided with a metal container with a self-closing lid.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on November 3, 2014.</p>	K 066	<p>K066 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p><u>CORRECTIVE ACTION:</u> Facility has no smoking policy for all new residents. At the time of the survey inspection, the facility had one grandfathered resident that still chose to smoke periodically. This resident voluntarily discharged from the facility on 11-7-14. There are no residents that choose to smoke that meet the grandfathered criteria requiring a metal container with self-closing cover. Therefore, facility does not have need for metal container with self-closing cover. Completion date 11/7/14.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> No other current residents have the potential to be affected unless facility should change current smoking policy. Should facility change policy to allow smoking, facility will immediately purchase metal container with self-closing cover prior to policy change.</p> <p><u>SYSTEMIC CHANGES:</u> The Director of Nursing, Safety Director, or Designee will conduct a monthly audit x 3 months to ensure all residents are in compliance with current non-smoking policy.</p>	11/7/14 12/12/14
K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p>	K 076	<p><u>MONITORING:</u> The Director of Nursing, Safety Director, or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee</p>	12/12/14

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NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1026 MCFARLAND STREET MORRISTOWN, TN 37814		
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K 076	<p>Continued From page 2</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, it was determined that the facility failed to maintain piped in medical gas system and its components.</p> <p>The findings include:</p> <p>Observation, record review, and phone interview with the medical gas verifier on November 3, 2014 at 11:40 a.m. revealed the oxygen manifold and storage for the piped in medical gas system is located outside. This manifold and storage location is not protected from accumulations of ice or snow in the winter and is not protected against direct rays of the sun for extreme temperature in the summer.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on November 3, 2014. NFPA 99 4-3.5.2.2 (b)3</p>	K 076	<p>members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.</p> <p>K076 NFPA 101/NFPA 99 LIFE SAFETY CODE STANDARD</p> <p><u>CORRECTIVE ACTION:</u> Facility will install required protective structure for outside oxygen manifold and storage location as required to protect from accumulations of ice and snow in the winter months from winter weather conditions as well as direct sunlight for extreme temperature in the summer months as required by NFPA 99 4-3.5.2.2(b)3. Completion date 12/12/14.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected.</p> <p><u>SYSTEMIC CHANGES:</u> The Maintenance Director, Safety Director, and/or designee will conduct a monthly audit x 3 months to ensure the protective structure is correctly protecting the outside oxygen manifold and storage location from accumulations of ice and snow from winter weather conditions as well as from direct sunlight for extreme temperature.</p>	12/12/14	12/12/14
K 140 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Master alarm panels are in two separate locations and have audible and visible signals. There are</p>	K 140		12/12/14	

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2014
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N 002	1200-8-6 No Deficiencies During the Life Safety portion of the annual Licensure survey conducted on November 3, 2014, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.	N 002	<u>MONITORING:</u> The Maintenance Director, Safety Director, or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.	12/12/14

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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DATE FORM

OSZ021

If continuation sheet 1 of 1